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Richard C. Auchterlonie (Depositor's name) PO BOX 4433 0 6 2000 HOUSTON TX 77210 11/03/00 (Date) **FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT** APPLICATION NO. **DATE MAILED** 08/727,505 01/17/97 019 GRANT, 2711 09/11/00 First Named BROWN, 35 USC 154(b) term ext. 0 Days. Applicant HYBRID ELECTRICITY AND TELECOMMUNICATIONS DISTRIBUTION NETWORK TITLE OF INVENTION ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. APPLN. TYPE SMALL ENTITY FEE DUE DATE DUE NRWB: 003 455-006.100 R94 UTILITY NO 12/11/00 \$1210.00 Howrey Simon Arnold 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent Use of PTO form(s) and Customer Number are recommended, but not required. & White LLP attorneys or agents OR, alternatively, (2) ☐ Change of correspondence address (or Change of Correspondence Address form the name of a single firm (having as a member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropriate when an assignment has been previously submitted to ssue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substititue for Advance Order - # of Copies \_\_\_\_ filing an assignment. (A) NAME OF ASSIGNEE Norweb Plc 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) DEPOSIT ACCOUNT NUMBER 01-2508/NRWB:003 Manchester, England (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) Issue Fee ☐ individual ☐ Advance Order - # of Copies The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) (Date)11/03/00 Instract Cuptates 00000003 08727505 Auchterlonie, Reg. NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary

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